

Inside Child Care

Fall 2003



Seek
and
demand
quality
child
care

GOT BUGS??? DON'T SPRAY, TRY THE "IPM" WAY!

Purdue University has been awarded an Environmental Protection Agency (EPA) Environmental Education grant to promote Integrated Pest Management (IPM) in child care throughout Indiana. **How will this be done?**

Purdue will partner with several agencies and some that you may recognize—the Indiana Family and Social Services Administration (IFSSA)—**That's Us!**—and the Indiana Association for the Education of Young Children (IAEYC). The goals are to provide awareness of pesticide exposure, provide education, training and technical support to child care providers in Indiana.

Pests and Pesticides

It's not unusual to have occasional problems with annoying and potentially dangerous pests in child care settings. Several common Indiana pests can pose health risks for children.

Did you know...

- Cockroach infestations have been linked to asthma and allergic reactions in humans.
- Mice can cause structural damage, start fires, contaminate food and spread diseases.
- Yellow jacket wasp stings are potentially fatal for people who are allergic to the venom.

For decades, pesticides have been the main way of controlling pests in homes, schools and child care facilities.

Did you know...

- Pesticides may not always be the safest—or more effective—way to deal with pest problems.
- Studies have shown that children may be at greater risk than adults from pesticide exposure.

- Kids may crawl or play on surfaces that have been treated with pesticides, increasing their risk of exposure.

New State Policy for Child Care Facilities

Considering these concerns, state officials have taken action. A new set of pest management guidelines for Indiana child care facilities have been developed by the Indiana Pesticide Review Board to protect children from pests and pesticide exposure. The new "Pest Management Policy" is recommended for immediate voluntary adoption and applies to all building and grounds used by the child care facilities, including centers, ministries and homes.

The policy recommends:

- Discontinue the routine use of pesticides and base pest control decisions on regular pest inspections conducted by a professional.
- Use non-chemical methods to control pest problems when possible.
- Ensure that only licensed certified pesticide applicators or registered technicians apply pesticides when they are needed.
- Ensure that pesticides are not applied when children are present at the facility.
- Ensure that children do not return to pesticide-treated areas within 2 hours of application or as specified on the pesticide label, whichever time is greater.
- Provide at least 2 days advance notice of pesticide application to parent and staff except in emergencies where pests pose an immediate threat to human health.
- Designate a contact person to answer questions from parents and staff about pesticide use.

Visit the Purdue IPM Resource Center at: www.entm.purdue.edu/entomology/outreach/schoolipm/1kid/kid1.htm

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Parent Helpline

1-888-463-5473

Provider Information

1-877-511-1144

Institutional Abuse Hotline

1-800-562-2407

Indiana Child Care Health Consultant Program (ICCHCP) Launched to Elevate the Level of Health and Safety in Indiana's Child Care Settings

Submitted by Patricia Cole, Program Director

Over 75% of children under the age of 5 years are cared for by persons other than their parents the majority of the day. Most children are cared for in groups, resulting in public health and safety concerns for the children and the adults providing the care. Regulations, affecting only a small percentage of those providing care, fail to address some of the most basic health and safety issues resulting in preventable illnesses, injuries, and in some cases death.

The Indiana Child Care Health Consultant Program was developed and funded to increase the level of health and safety in all types of child care settings across Indiana. The incidence of illness, accidents, and deaths in child care settings across the state, combined with the limited technical assistance and training supports to reduce these public health issues, are the driving force behind the initiation of this program. The Indiana Child Care Health Consultant Program will provide services to all types of child care providers across Indiana to assist in:

- health and safety policy and procedure development,
- successful inclusion of children with special needs,
- assessment of the child care environments and suggestions for changes,
- provision of health and safety education for staff, enrolled children and their families, and
- linking providers with local services and supports that address health and safety concerns of the enrolled children and their families.

The Child Care Health Consultant Program will not replace, nor duplicate services currently offered that address these issues. The Program will provide another portal to services to increase the level of health and wellness that child care providers, the children they serve, and their families, need.

Six Regional Child Care Health Consultants are available for consultation in a variety of ways. Phone, on-site, and email consultation about health and safety issues in child care is available, at no cost, to anyone providing care to children from more than one family. To request the services of a child care health consultant, providers of care can call 800-824-4733 or email Patricia Cole, Program Director at pacole@indiana.edu. An interactive web site with additional information for child care providers will be available in late fall.

Grants from the Maternal and Child Health Services Bureau, Health Resources and Services Administration, Department of Health and Human Services, Family and Social Services Administration and a Title V Maternal and Child Health Block Grant, through the Indiana State Board of Health/Maternal Child Health Service, help support this program. The Indiana Institute on Disability and Community provides additional support.

SAFE SLEEPING FOR YOUR BABY INDIANA PERINATAL NETWORK

When you put your baby down to sleep, here are four important things to think about.

1. How should I position my baby for sleep?

- **BACK TO SLEEP:** Always place your baby on her/his back to sleep (unless you are instructed not to for other health reasons by your baby's doctor).
- Avoid putting your baby on his/her side or stomach because this increases the risk of Sudden Infant Death Syndrome (SIDS)
- The use of special devices such as wedges and cushions when positioning your baby is NOT recommended.
- Remember to put your baby on her/his tummy ("tummy time") while awake and supervised.

2. Where will my baby sleep?

- Experts agree that the safest place for your baby to sleep is in your room.
- You may also choose to put the baby's crib in her/his room.
- Sometimes mothers who breast feed fall asleep with their baby in their bed. Some parents will choose to sleep with their baby in bed with them. Experts do not agree on the potential benefits of sharing a bed with your baby. Experts do agree, however, that there are many factors that can make sharing a bed with your baby unsafe (see "How Do I Avoid Especially Dangerous Situations?").

3. How can I make my baby's bed safe?

- Your baby's bed should have:
 - Railings that are not more than 2 3/8 inches apart (you can't fit a soda can through them);

- A firm mattress that fits snugly in the frame;
 - A fitted sheet that is tight around the mattress;
 - No quilts, comforters, duvets, heavy blankets, stuffed animals, bumper pads, sheepskins, etc.
- Also, keep in mind:
- Make sure your baby's head and face remain uncovered during sleep.
 - Do not let your baby get over-heated.
 - Keep the room temperature comfortable for a lightly clothed adult.
 - Your baby should be in a one-piece sleeper with nothing over her/him.
 - If it's cold, layer the baby's clothing (for example, add a tee-shirt and socks under their sleeper and use only a light receiving blanket, if necessary).

4. How do I avoid especially dangerous situations?

- Your baby should never sleep on a waterbed, recliner, futon or sofa—with or without you. It is too easy for the baby to slip into a crack and suffocate.
- Your baby should never sleep in a bed with other children who can accidentally roll over on her/him while both are sleeping.
- Your baby should never sleep alone on an adult bed, since she/he can fall off or become trapped between the bed and the wall, frame or anything else you use to keep the baby from falling out of the bed.

THESE ARE ALL HIGH-RISK SITUATIONS FOR SUFFOCATION.

For SIDS & Infant Loss Support and additional information or a speaker for upcoming events, please contact Barb Himes, SIDS and Infant Loss Coordinator.
317-818-9486

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WHAT IS "RESOURCE AND REFERRAL" AND HOW CAN I GET HELP?

The Indiana Association for Child Care Resource and Referral (IACCRR) was established to provide, coordinate and advocate for a strong statewide system of child care resource and referral (CCR&R). IACCRR has provided training, technical assistance and support to local CCR&R agencies since its incorporation in 1992. Working in close partnership with the Indiana Family and Social Services Administration/Bureau of Child Development, IACCRR has developed standards of service delivery which assure that consistent high quality CCR&R services are available to families, child care providers and communities in all 92 Indiana counties.

IACCRR and the Bureau of Child Development recently completed an assessment of the current CCR&R system which included research of other state models. The result of this assessment and research is a new mode of service delivery for CCR&R in our state. IACCRR has been named as contract manager for local CCR&R agencies and has conducted a public process for the identification of CCR&R service providers in 11 Service Delivery Areas. IACCRR, through coordination, oversight, monitoring and evaluation will assure that the following services are delivered through these 11 Service Delivery Areas to communities statewide.

Support for Families: Local CCR&R agencies provide information to families about child care providers who meet their expressed needs, consumer education about the indicators of high quality child care, referrals to community organizations that may assist with financial resources for child care and other community resources as appropriate.

Support for Child Care Providers: Local CCR&R agencies conduct community training assessments and develop and conduct child care provider training, maintain up-to-date accurate information regarding all types of child care in a standardized database, conduct Child Care Home Orientation I and Orientation II training to assist individuals through the licensing process, assist legally licensed exempt providers through the Minimum Standards Certification process and support networks of child care providers.

Support for Communities: Local CCR&R agencies work with local communities to recruit child care providers based on community needs, participate in all community child care initiatives and provide leadership, work with employers to assist with employee child care needs, provide information about child care supply and demand to community stakeholders and assure services to all counties in their Service Delivery Area through community outreach.

IACCRR is committed to a strong statewide system of child care resource and referral which will result in safe, healthy and responsive child care for all Indiana children.

Effective October 1st, 2003, the following agencies have been selected to provide CCR&R services in Indiana:

SDA 1
The Indiana Association for Child Care
Resource and Referral
3901 N. Meridian Street, Suite 350
Indianapolis, IN 46208
Phone: (317) 924-5202 or (800) 299-1627
COUNTIES SERVED: LAKE, PORTER, LAPORTE

SDA 2
Community Coordinated Child Care
of St. Joseph County, Inc.
3606 E. Jefferson Blvd., Suite 215
South Bend, IN 46615
Phone: (574) 289-7815 or (800) 524-4533
COUNTIES SERVED: ST. JOSEPH, ELKHART,
STARKE, MARSHALL, KOSCIUSKO, FULTON

SDA 3
Early Childhood Alliance
3320 Fairfield Avenue
Fort Wayne, IN 46807
Phone: (260) 745-2501 or (800) 423-1498
COUNTIES SERVED: LAGRANGE, STEUBEN,
NOBLE, DEKALB, WHITNEY, ALLEN

SDA 4
ConneXions
316 N. 3rd Street
Lafayette, IN 47901
Phone: (765) 742-7105 or (800) 932-3302
COUNTIES SERVED: NEWTON, JASPER,
PULASKI, BENTON, WHITE, CASS,
TIPPECANOE, CARROLL, CLINTON, BOONE,
WARREN, FOUNTAIN

SDA 5
Bona Vista Programs, Inc.
1220 E. Laguna
Kokomo, IN 46904
Phone: (765) 457-8273
COUNTIES SERVED: MIAMI, WABASH,
HUNTINGTON, WELLS, ADAMS, HOWARD,
GRANT, BLACKFORD, JAY, TIPTON

SDA 6
4C's of Wabash Valley
1520 North 19th Street
Terre Haute, IN 47807
Phone: (812) 232-3952 or (800) 886-3952
COUNTIES SERVED: MONTGOMERY,
VERMILION, PARKE, PUTNAM, VIGO, CLAY,
OWEN, SULLIVAN, GREENE, MORGAN

SDA 7
Child Care Answers
3750 North Meridian
Indianapolis, IN 46208
Phone: (317) 631-4643 or (800) 272-2937
COUNTIES SERVED: HAMILTON, HENDRICKS,
MARION, JOHNSON

SDA 8
HMCC-CCRR
(Huffer Memorial Children's Center)
2000 N. Elgin Street
Muncie, IN 47303
Phone: (765) 284-0887 or (800) 554-9331
COUNTIES SERVED: MADISON, DELAWARE,
RANDOLPH, HANCOCK, HENRY, WAYNE,
SHELBY, RUSH, FAYETTE, UNION

SDA 9
4C's of Southern Indiana
1100 W. Lloyd Expressway, Suite 115
Evansville, IN 47708
Phone: (812) 423-4008
COUNTIES SERVED: KNOX, DAVIESS,
MARTIN, GIBSON, PIKE, DUBOIS, POSEY,
VANDERBURGH, WARRICK, SPENCER, PERRY

SDA 10
United Way of Bartholomew County
1531 13th Street, Suite 1100
Columbus, IN 47201-6073
Phone: (812) 376-0011
COUNTIES SERVED: MONROE, BROWN,
LAWRENCE, ORANGE, WASHINGTON,
CRAWFORD, HARRISON, BARTHOLOMEW,
JENNINGS

SDA 11
Southeastern Indiana Economic
Opportunities Corporation
110 Importing Street
Aurora, IN 47001-0240
Phone: (812) 926-1585 or (800) 755-8558
COUNTIES SERVED: DECATUR, FRANKLIN,
RIPLEY, DEARBORN, SCOTT, JEFFERSON,
SWITZERLAND, OHIO, CLARK, FLOYD

FIVE TIPS TO TEAR-FREE GOODBYES

Parents Magazine

Ever have problems saying goodbye to your pre-schooler in the mornings when you drop him or her off at your day care? Who hasn't! The following information was published in the August 2003 issue of Parents Magazine to assist parents in making the mornings a smoother process for both parent and child.

- 1 **Don't linger.** After arriving at your day care, say goodbye and reassure your child that you will return later in the day. Then leave when your child gets involved in an activity.
- 2 **Create your own ritual.** Say goodbye to your child in your own special way, with a hug, a special kiss or a whisper in the ear, each day.
- 3 **Bring a friend from home.** If your child's teacher agrees, bring a special stuffed animal to school to keep in his/her cubby for the times he/she may need some special comforting.
- 4 **Consider a reward system.** Parents Magazine suggests that if your child does go to class each day without a meltdown, then reward him or her at the end of the week. Parents provides a calendar on their web site, www.parents.com/august, that you may copy and use to record each good day with a sticker.
- 5 **Learn other kids' names.** Talk about the other children at home. Before you leave the facility in the morning, familiarize your child with other children who may be sitting at a table and may have a spot for your child to join the activity. Learning the names of other children will help your child feel safe and more familiar with his surroundings.



BEES! YELLOW JACKETS! WASPS! ON THE PLAYGROUND?

In the late summer, we see these yellow and black insects hovering around a garden or an outdoor activity. Did anyone tell these insects to leave our precious children alone? Our activities outside and the way we react can greatly reduce the fear and stress of children. The yellow and black insects that people fear the most are not bees, but are wasps. Yellow jackets do not pollinate flowers, like honey bees, but they eat caterpillars and beetle larvae, which can be a problem to people, and the plants we grow.

Avoid these insects when on the playground. Inspect your playground regularly for nests. Cover all trash with a tight-fitting lid and keep the trash away from the eating areas. When having a picnic, wait until just before eating to put the food and beverages out. Cover up food items so the wasps cannot get to the food. Drink with a straw to avoid a nasty surprise. Avoid wearing sweet smelling perfume. Don't swat at yellow jackets, quick movements make them more aggressive. Killing one gives off a chemical which call more and they show up ready for a fight!

Last of all, know the signs of an allergic reaction and the children in your center who have allergic reactions to bee stings. Have a plan of action if a bee sting does occur. To ensure the health and safety of all children in a child care setting, staff must have received first aid training to respond to common injuries and life threatening emergencies.

TEN THINGS YOU SHOULD KNOW ABOUT MOLD

Indiana has had her share of rain this past summer! Unfortunately, with the rain some child care facilities have experienced some flooding and extra moisture. The following suggestions appeared in the Winter 2003 issue of "Simple Steps... to protect kids" newsletter from the Environmental Health News for 5-Star Child Care Facilities.

1. Potential health effects and symptoms associated with mold exposures included allergic reactions, asthma, and respiratory complaints.
2. There is no practical way to eliminate all mold and mold spores in the indoor environment; the way to control indoor mold growth is to control moisture.
3. If mold is a problem in your home or child care, you must clean up the mold and eliminate sources of moisture.
4. Fix the source of the water problem or leak to prevent mold growth.
5. Reduce indoor humidity (to 30 - 60%) to decrease mold growth by: venting bathrooms, dryers, and other moisture-generating sources to the outside; Using air-conditioners and de-humidifiers; increasing ventilation; and using exhaust fans whenever cooking, dishwashing, and cleaning.
6. Clean and dry any damp or wet building materials and furnishings within 24-48 hours to prevent mold growth.
7. Clean mold off hard surfaces with water and detergent, and dry completely. Absorbent materials such as ceiling tiles, that are moldy, may need to be replaced.
8. Prevent condensation: Reduce the potential for condensation on cold surfaces (i.e. windows, piping, exterior walls, roof, or floors) by adding insulation.
9. In areas where there is a perpetual moisture problem, do not install carpeting (i.e. by drinking fountains, by classroom sinks, or on concrete floors with leaks or frequent condensation).
10. Molds can be found almost anywhere; they can grow on virtually any substance, providing moisture is present. There are molds that can grow on wood, paper, carpet, and foods.



TIME TO TURN ON THE FURNACE! BE SAFE!

The U.S. Consumer Product Safety Commission (CPSC) urges consumers to have a professional inspection of all fuel-burning heating systems—including furnaces, boilers, fireplaces, water heaters and space heaters—to detect potentially deadly carbon monoxide (CO) leaks.

CO is a colorless, odorless gas that can be produced by burning any fuel. The initial symptoms of CO poisoning are similar to the flu, and include headache, fatigue, shortness of breath, nausea and dizziness. Exposure to high levels of CO can cause death.

The yearly inspections should include checking chimneys, flues and vents for leakage and blockage by debris. Birds, other animals and insects sometimes nest in vents and block exhaust gases, causing the gases to enter the home.

DPSC recommend that every home have at least one CO alarm.

NEW FOOD HANDLER CERTIFICATION WILL EFFECT LICENSED CHILD CARE CENTERS AND CHILD CARING INSTITUTIONS

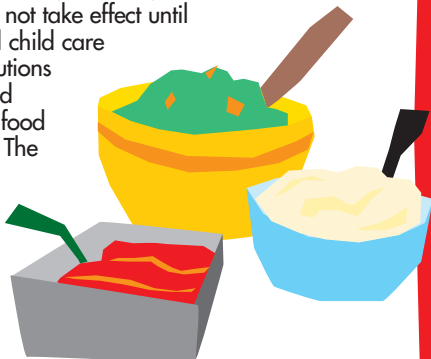
The new Indiana State Department of Health Rule 410 IAC 7-22 became effective on June 19, 2003; however, the actual certification requirement does not take effect until January 1, 2005. All licensed child care centers and child caring institutions shall have at least one (1) food handler trained as a certified food handler by January 1, 2005. The food handler's certification must be recognized by the Conference for Food Protection or an equivalent nationally recognized certification examination approved by the Indiana State Department of Health. The following organizations offer nationally accredited food safety certification programs and examinations:

ServSafe
Indiana Restaurant and
Hospitality Association
200 South Meridian Street,
Suite 350
Indianapolis, IN 46225
Debbie Scott (Indiana
contact person)
PH: 317-673-4249
FAX: 317-673-4210
www.restaurant.org

**Certified Professional
Food Manager**
Experior Assessment, LLC
1360 Energy Park Drive
St. Paul, MN. 55108
PH: 800-624-2736
www.experioronline.com

SuperSafeMark
Food Marketing Institute
655 15th Street, NW
Washington, D.C. 20005
Laurie Williams (contact person)
PH: 202-220-0660
www.supersafemark.com

**Food Safety Manager
Certification Examination**
The National Registry of Food
Safety Professionals
5728 Major Blvd., Suite 750
Orlando, FL. 32819
PH: 407-352-3830
Toll Free 1-800-446-0257
FAX: 407-352-3603
www.info@nrfsp.com



This list is subject to change as others become accredited. Inspectors from the Child Care Health Section will begin checking for the certified food handler certificates in January 2005. If you have any questions regarding the matter, please call 317-233-5414.

COLD INJURY PREVENTION

Can children play outside when the weather turns cold?
With a few simple safety tips the answer is:

YES.

These are the important issues to remember:

- What is the Wind Chill Factor? Children can be outside if the outside temperature (F) and the wind speed (mph) calculated together equals a Wind Chill Factor of 25 degrees F or higher. (See the chart below).
- Dress children in layers of clothing, avoiding constrictive outerwear.
- Have them wear mittens instead of gloves.
- Cover their heads (most body heat is lost through the head).
- Thick socks and boots should be worn.
- Encourage parents to bring extra dry clothing so the child can change after playing outdoors (damp clothing may cause cold injuries such as hypothermia).
- Be aware of the child's current health status. Illnesses such as colds, flu, and/or other upper respiratory distresses can worsen due to a depressed immune system.
- Know the signs and symptoms of cold injuries:
 1. First degree frostbite—Numbed skin that has turned pale in color, may be stiff to the touch, but the tissue under the skin is still warm and soft.
 2. Second degree frostbite—The skin will pale in color or blue and will feel hard and frozen. Blistering is likely and medical treatment is necessary.
 3. Third degree frostbite—The skin is pale, blotchy and/or blue. The tissue underneath is hard and cold to the touch. Immediate medical attention is necessary.

**SUDDEN WARMING OF THE SKIN CAN
CAUSE SKIN CELLS TO RUPTURE.
NEVER USE RUNNING WATER TO
"QUICK" THAW A COLD HAND
AND/OR FOOT.**

Information provided by the
National Weather Service:
www.nws.noaa.gov/om/windchill/index.shtml

WIND	TEMPERATURE (F)					
CALM	40°	35°	30°	25°	20°	15°
5 mph	36°	31°	25°	19°	13°	7°
10 mph	34°	27°	21°	15°	9°	3°
15 mph	32°	25°	19°	13°	6°	0°
20 mph	30°	24°	17°	11°	4°	-2°



HEAD START CORNER

¡HOLA!

MIGRANT HEAD START IS NOT NEW IN INDIANA

Donna Hogle - Indiana Head Start Partnership Coordinator

How well do we know our neighbors?

Did you know that a Head Start Program exists in Indiana that provides child care facilities for the children of migrant farm workers? The Texas Migrant Council, Inc. (TMC) is a private nonprofit organization that incorporated in 1971. TMC began in 1969 as a Head Start program sponsored by the Colorado Migrant Council as a demonstration project to serve the children of mobile migrant farm workers of Texas. The original concept of "Head Start on wheels" was to serve this special population of mobile migrant farm worker families working in Texas harvesting the seasonal crops and then relocating to work in the northern states of Ohio, Indiana, Washington, and Michigan during their harvesting season. The uniqueness of this approach is to provide services that are flexible and tailored to the needs of the farm worker.

The early care and education services are ten to twelve hours in length and operate during the peak harvest season of early May to late October. This approach focuses on providing comprehensive services, a trained core of bilingual staff who travel from Texas. The staff are bicultural and sensitive to the plight of the migrant farm worker. The program provides employment and educational opportunities to persons that want to leave the migrant stream.

Enrolled children receive all of the screening, assessments and services mandated by HHS. These include vision, dental, physical, hearing, and developmental. The program staff work to secure appropriate diagnosis and treatment for children suspected of having a disability. Like all Head Start and Early Head Start program children with disabilities are integrated into the TMC program.

In Indiana, the Texas Migrant Council, Inc. serves 400 children ages 6 weeks to 5 years old. Families who reside in nearby counties enroll in the TMC centers, which are located in these cities: Indianapolis, Elwood, Geneva, Marion, Lakeville, Boswell, Hammond, Kokomo and Vincennes. The program adheres to the national Department of Health and Human Services (HHS) Head Start Program Performance Standards (45 CFR Parts 1310 and 1308) and the Indiana Regulations for Licensing Day Nurseries (470 IAC 3-4.1).

For further information contact Carolyn Garcia, Regional Director, Texas Migrant Council, Inc. 800-862-4767.

EVER WONDER WHAT THE AMERICAN ACADEMY OF PEDIATRICS RECOMMENDS FOR DEALING WITH CAREGIVER STRESS?

Caregiver stress can result in physical abuse of a child, sometimes serious abuse. "Caring for Our Children: National Health and Safety Performance Standards," Standard 3.058 suggests the following approach to this situation:

The recommendation is for the provision of "taking breaks and finding relief at time of high stress." For example, a 15-minute break time every four hours, in addition to a lunch break of 30 minutes may be sufficient time for stress relief. Additionally, "Caring for Our Children" suggests that a written plan/policy for a situation, in which a caregiver recognizes that he/she (or a colleague) is stressed and needs help immediately, may be helpful to avoid physical abuse of children. This plan may include the provision for caregivers that feel they may lose control, to have a short but immediate break away from the children.

When developing each policy, it is important to remember that child/caregiver ratios must be maintained at all times.



5 WAYS TO ELIMINATE PESTS WITHOUT A PESTICIDE

- 1 **Get organized.** Clutter is the number one reason for pest infestations. Clutter provides cockroaches, ants, spiders, and mice with a place to live and breed.
- 2 **Get rid of cardboard.** Cardboard boxes, particularly in kitchen areas, provide a favorite living place for cockroaches.
- 3 **Keep all food products in sealed, plastic containers.** Good food storage practices will discourage mice, cockroaches, and other pests from living in your kitchen.
- 4 **Seal all doors, windows and cracks and crevices.** Sealing the building provides energy savings and keeps pests out.
- 5 **Clean deep.** Sanitation is the key to eliminating flies and ants.

*IPM – Purdue University

THE USE OF PUBLIC LIBRARIES IN CHILD CARE

In every local county or township there is a public library system available to the public. Included in these systems are a Children's Department and/or a Children's Librarian. These Children's Departments usually have a collection of children's books and materials. The Children's Librarian presents programs for all ages of children on a regular basis. In some library systems these librarians make visits to child care facilities to present children's programs. Any child care facility can expand its learning programs for its children by either making field trips to their library for programs, or arranging for a visit from the local Children's Librarian.

CHILD CARE HOME CORNER

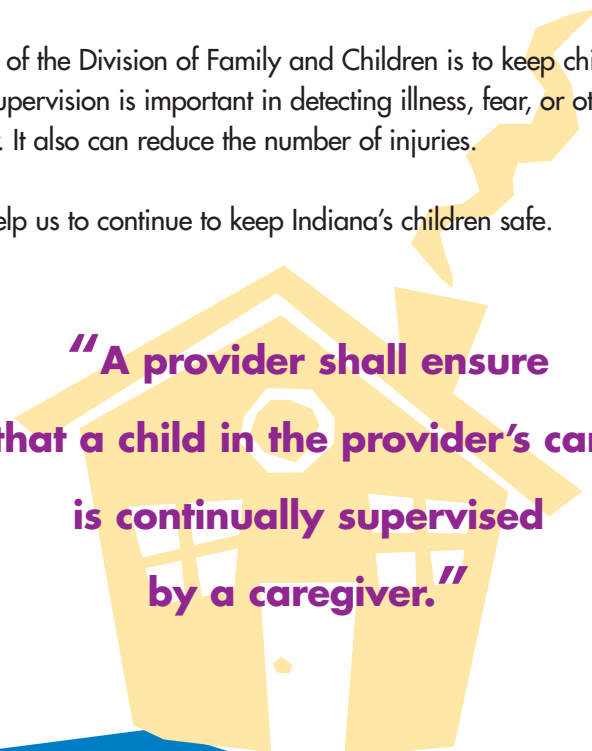
SUPERVISION

The General Assembly recently passed new licensing laws that were effective 7/1/03. One of those laws involved supervision. Public Law 18 states that "A provider shall ensure that a child in the provider's care is continually supervised by a caregiver." The Division of Family and Children has interpreted supervision to mean that children **must be kept within sight and sound at all times.**

Since 1999, thirty-four (35) children have died in child care facilities in Indiana. Eleven (11) of those deaths occurred in 2002 and three (3) occurred in 2003. Twenty-three (23) of the thirty-four (34) deaths were related to lack of supervision and/or sleeping position.

The goal of the Division of Family and Children is to keep children safe. Proper supervision is important in detecting illness, fear, or other stressful behavior. It also can reduce the number of injuries.

Please help us to continue to keep Indiana's children safe.



**"A provider shall ensure
that a child in the provider's care
is continually supervised
by a caregiver."**

• NOTICE • NOTICE • NOTICE •

HAPPY RETIREMENT

On June 6, 2003, Dorothy (Dotty) Broad retired as the Manager of the Child Care Health Section. Dotty, who has been employed by the State of Indiana for 17 years, has been an advocate of quality child care, first as a Nurse Consultant, then as the section manager. On behalf of Child Care in Indiana, we thank you, Dotty, for all your wisdom, leadership and love for the children of Indiana. You will be missed by all of us!

**CONGRATULATIONS!
CONGRATULATIONS!
CONGRATULATIONS!**

NEW SUPERVISOR!

With Dorothy Broad's retirement, June 6, 2003, the Bureau of Child Development announces the appointment of Kenneth Hudson as the Manager of the Child Care Health Section. Ken has been an employee of this agency since 1994 as a Sanitarian. He assumes the leadership duties having over 31 years of military, Federal, and State child care related experience. Ken's educational background consists of an Associates of Science in Nursing (ASN) in 1985 and a Bachelors of Science in Public Health (BSPh) in 1997. He may be contacted at (317) 232-4467.

CHILD CARE HEALTH SECTION WELCOMES NEW STAFF!

The Child Care Health Section, Bureau of Child Development, has recently added new employees to their staff. Two Sanitarians have been hired to work in northern Indiana. The Sanitarians work with the Registered Child Care Ministry Program. They will also be responsible for the initial building inspections of Child Care Centers, Group Homes, and Child Caring Institutions that have applied for licensure. Please welcome:

Heidie Johnson (Northeast Indiana)
Larry Sakowski (Northwest Indiana)

Two Nurse Consultants have been hired to work with Licensed Child Care Centers, Group Homes and Child Caring Institutions. Please welcome:

Paula McClain, RN (Eastern Indiana)
Susan Ashburn, RN (Central Indiana)

The Child Care Health Section is very pleased to have new staff members and hope that you will welcome them as they visit your facility and learn more about you!

RECIPE CORNER

BREAKFAST IN CHILD CARE

Breakfast must be offered to children who are in attendance in your child care facility before 8:00 a.m. each morning. This meal must include three components: fruit or fruit juice, milk and a bread item. "Bread items" may be toast, cereal, waffles, pancakes, plain donuts, etc. It is possible to create variety with the breakfast choices. Some centers occasionally offer a protein dish such as eggs, or sausage.

Children may not bring in fast food breakfasts. If the parent decides on a fast food breakfast, the child is expected to eat it before he/she enters the child care center. We encourage staff to do the same.

It is important that all children receive breakfast at home or at the center. It is a medical fact that children who eat a nutritious breakfast will be more productive, learn easier, feel better and are happier.



Dish: BROCCOLI AND CAULIFLOWER SALAD Serves: 15

Ingredients:

- 1 lb. bacon
- 1 head cauliflower
- 1 head broccoli
- 1 lb. mild cheddar cheese, shredded
- 1 medium size jar of Miracle Whip Salad Dressing, or mayonnaise

Directions:

1. Cook bacon until crispy; set aside.
2. Wash and drain broccoli and cauliflower. Break into florets; place in large bowl.
3. Add crumbled bacon to cauliflower and broccoli.
4. Add salad dressing/mayonnaise.
5. Add cheese to other ingredients; toss salad.
6. Refrigerate for one hour and serve.

Dish: "FRIED" RICE* Serves: 100

Ingredients:

- 7 cups rice, converted/enriched
- Prepare rice following package directions, then stir in:
- 3 tbsp. onion powder
- 3 tbsp. garlic powder
- 2 cups soy sauce
- 4 cups thawed, frozen green peas
- 4 cups fresh carrots, finely diced
- 1 large onion, finely diced
- 12 fresh eggs, scrambled and well broken-up

Directions:

Heat through and serve.

(Chicken nuggets with sweet and sour sauce and mandarin oranges are perfect with this dish)

*Adapted from "The (No Leftovers) Child Care Cookbook" by Jac Lynn Dunkle and Martha Shore Edwards. Submitted By the United Day Care Center in Muncie, Indiana.

HELPFUL HINTS THE NURSERY

1. If a slow-cooking device, such as a crock pot is used to warm infant formula or breast milk, this slow-cooking device shall be out of children's reach, shall contain water at a temperature that does not exceed 120 degrees F. and shall be emptied, sanitized and refilled with fresh water daily. Infants have received burns from the hot water dripping from an infant bottle that was removed from a crock pot or by pulling the crock pot down on themselves by a dangling cord. (Caring for Our Children: National Health and Safety Performance Standards)
2. If infant bottles are warmed in warm tap water from the faucet, the container cannot sit in the hand washing sink while the bottle is being warmed.
3. For licensed centers, according to the current Child Care Regulations, [470 IAC 3-4.2-8 (c)], infants must be fed commercially pre-mixed and ready-to-feed infant formula. If an infant is to be fed any other formula, the parent must obtain a written order from a physician, which includes the medical reason for the substitution. Then the formula must be prepared in an approved kitchen, or may be prepared in the classroom only if two sinks are available, one for hand washing and the other for formula preparation.
4. For licensed centers, the Infant Feeding Plan must be filed in the infant's health file and posted in the infant's room, in order for parents to update the feeding plan as needed. This should be done every six months, or more often as necessary [470 IAC 3-4.2-8 (b)].



MICROWAVES AND BOTTLES

The use of a microwave for heating an infant's bottle of formula is not recommended because heating a bottle in this way may cause a loss of vitamin content in the formula. Breast milk must never be heated in a microwave. (This may destroy the milk's protective properties).

Two real dangers when bottles are warmed in a microwave:

- The liquid may become extremely hot, although the bottle itself remains cool to touch. Drinking the hot liquid could burn the baby's mouth, throat or esophagus.
- Hot liquid forms steam. The buildup of steam in a closed container could cause it to explode. This could result in burn injury to the baby and/or caregiver. Bottles that use plastic liner bags may deteriorate or explode and should not be put directly in a microwave.

Many babies like their feedings at room temperature or slightly cooler.

If the baby prefers a warm bottle, the best way to heat it is to follow these simple steps:

- Set the filled bottle in a bowl of warm—not boiling water (which can be warmed in a microwave). Place the container on a clean counter, not in a hand washing sink to warm.
- Shake the bottle gently to distribute the warmth.
- Shake a few drops from the bottle onto your wrist. If the temperature feels okay to you, it is safe for the baby.

Warming the bottle this way may take a few minutes longer than using a microwave oven, but it's worth it for the baby's safety.

Additional Safety Tips

- When warming foods in a microwave always check the temperature of the food itself—not just the container—before feeding a child.
- Watch out for "hot spots" or uneven heating and stir or shake before checking the temperature of food.
- Never use the microwave while holding a baby.

INFANT FEEDING/FORMULA USE

CCHS Policy #001-03

Indiana regulations for child care centers state that ready-to-feed formula must be used for infants. While this may present a slight inconvenience and additional expense to you, the benefit is to your infant.

Our regulation for ready-to-feed formula helps assure that the formula is accurately prepared with a minimum of handling. When preparing other formulas such as powdered and/or liquid concentrates, additional preparation is needed to assure accuracy of the feeding.

Child care centers that care for infants, who for physician verified medical reasons, cannot consume ready-to-feed formulas, may prepare powdered and/or liquid concentrate formulas in the room. The room must consist of at least two sinks, one sink for staff hand washing after diapering an infant and one for bottle preparation. Additionally, the bottle preparation area must be away from the diapering area and/or otherwise protected from contamination.

Infants are considered a very high-risk population and by following the policy stated above, we can all help ensure that your babies are provided a healthy, safe, and sanitary environment.

Contact the Child Care Health Section at (317) 232-4467, if additional assistance or information is needed.

Q & As FROM THE REFEREE

Q: Some of our staff received CPR training from the American Heart Association. The expiration date on their certification cards states that it expires two years after the date of the training. Will this training every two years be acceptable the next time our staff records are reviewed?

A: **NO.** All laws and rules pertaining to Indiana's licensed or registered child care facilities requires annual CPR training and certification. Licensed child care centers and facilities caring for children on the Child Care Development Fund (CCDF) program are required to have at least one adult caregiver, certified in age appropriate CPR, on site during all hours of operation.

Q: Why can't we use our bathroom for storage of items needed in the adjacent classroom? Some of our bathrooms are not used by children and staff?

A: Bathrooms in licensed child care facilities are to be used only as toilet rooms. Licensing capacities are determined using the total number of toilets and sinks available for use and by the total square footage of usable space. Using a bathroom as a storage room voids that bathroom, and may decrease your facility's overall capacity. Child Care Health Section Consultants cite any bathrooms being used for storage. Bathrooms cluttered with storage items cannot be maintained clean and sanitary and available for use.

Q: Who can provide Universal Precautions (UP) training to child care staff?

A: OSHA requires that all employees with possible occupational exposure to blood or other potentially infectious material receive UP training before the individual is given an assignment and annually thereafter. A staff member who has received training from someone who is knowledgeable in the subject matter (nurse, physician, police officer, fireman, and paramedic/EMT, Red Cross, etc.) may train other staff members. Training must be documented and, at a minimum, it must include a video or other presentation on the basic knowledge of bloodborne diseases and a presentation of specific Universal Precautions related to the employee's responsibilities. A training video is available from Indiana's Child Care Collection and Ball State University. For information about this video, visit their web site at www.childcarecollection.com.

Q: How can we fulfill the requirement of Nutrition and Sanitation training for our employees, since Licensed Child Care Facilities are now required to provide Nutrition and Sanitation training to staff annually?

A: Two suggestions come to mind. The approved Food Program can guide you through BASIC Nutrition and Sanitation information needed in a child care facility. Also any Public Library has a video that could be appropriate for training. In order to fulfill the requirements, (1) teachers must be trained so they can instruct children in basic nutrition and sanitation facts, and (2) documentation of the training, with sign-in sheets or individual certificates must be maintained annually.

COMMUNICABLE DISEASE CHART FOR CHILD CARE CENTERS

IN Division of Family and Children, Bureau of Child Development, Child Care Health Section — 1-877-511-1144

Disease & Incubation	Signs/Symptoms	How Transmitted	When Communicable	Restrictions	Control Measures
Colds/Flu 24-72 hours	Sore throat, stuffy nose, runny nose, sneezing, achiness, and/or fever.	Sneezing & coughing on others contact with mucus and contaminated articles.	Usually 24 hours before symptoms until 5 days after start of symptoms.	If child gets oral fever of 101 or higher or severe symptoms exclude until fever down for 24 hours consecutively.	Watch child for other symptoms, i.e. productive cough with colored mucus, fever, vomiting, muscular aches which may suggest child is developing complications (i.e. pneumonia). Have child and staff wash hands often.
Diarrheal Diseases: (Varies) Salmellosis Shigellosis Giardiasis Rotaviral Enteritis E Coli 0157:H7 Cryptosporidiosis Campylobacteriosis Varies from 6-14 hrs	Abnormally loose or frequent stools, vomiting and sometimes fever. A physician should diagnose specific cause.	Fecal-oral route, through contaminated articles, food/beverages and hands.	Throughout acute infection and as long as organisms are in stool.	Exclude until diarrhea is gone for 24 hours or as advised by local health department and physicians.	Proper hand washing, sanitize all contaminated articles and equipment. Keep diapering and food service tasks and items separate. Notify parents. Check with health consultant for specifics. Notify local health department when clusters of cases occur.
Head Lice (Pediculosis) Eggs hatch in 7 days/1 week (can multiply in 8-10 days, lives 20-30 days).	Severe itching; small lice eggs closer than 1/4" to nits on hair. Bumpy rash on nape of neck, behind ears and/or crown of head may appear after persistent infestation.	Direct contact with infested individual or their clothing, article to article contact, i.e. coats, blankets and hats.	As long as live lice remain on an infested person, or until eggs are 1/4" away from scalp	Until after child and household is treated.	Vacuum to get rid of lice in environment. Wash all clothing and bedding in hot soapy water for 20 minutes. Notify parents. Keep all children's personal items and clothing separate.
Scabies (Sarcoptes Scabiei mite) 2-6 weeks-initial exposure 1-4 days-Re-exposure	Mite burrows under skin. Red, itchy rash tends to be in lines or burrows usually on wrists, elbow creases or between fingers.	Skin to skin contact. Shared clothing.	Until mites are destroyed	Exclude for 24 hours after treatment completed.	Notify parents. Wash all clothing and bedding in hot soapy water for 20 minutes. Keep all children's personal items and clothing separate.
Impetigo 4-10 days Staphylococcus Streptococcus 1-3 days	Blisters, crusts, scabs on skin which are flat and yellow may be weeping.	Direct contact with infected area or with nasal discharges from infected child.	When weeping, crusted lesions are present.	Exclude until on antibiotic Rx for 24 hrs. and lesion no longer "weeping" and forming yellow crust.	Child and staff wash hands frequently throughout day. Notify parent. Wear disposable gloves to apply treatment. Cover draining lesions with dressing.
Pinkeye (Conjunctivitis) Bacterial: 24-72 hrs. Viral: Usually 12-72 hrs. (3 days)	Tearing, swollen eyelids, redness of eyes, purulent discharge from eyes.	Contact with discharges from eye, nose or mouth. Contaminated fingers and shared articles.	During active symptoms and while drainage persists. Dependent upon cause of the infection.	Exclude until drainage/secretion of eye are gone or on antibiotic Rx for full 24 hrs.	Notify parents. Wash all items used by child; good hand washing by staff and children. Check all children for symptoms for 3 days.

Disease & Incubation	Signs/Symptoms	How Transmitted	When Communicable	Restrictions	Control Measures
Strep Throat/Scarlet Fever 1-3 days (rarely longer)	Red, painful throat, fever. May develop rash (Scarlet Fever).	Sneezing & coughing on others, contact with mucus or saliva, contaminated articles.	2 days before symptoms until on antibiotic Rx for 24-48 hrs. Untreated cases 10-21 days.	Exclude until on antibiotic Rx for full 24 hrs. and no fever. (Must be treated for 10 days).	Notify parents. Sanitize all articles use by child. Proper hand washing. Notify local health department when cluster of cases of the symptoms, sore throat and fever occur.
Ringworm (Varies by site) Mainly: 4-10 days	Red scaling, itchy, circular lesions and broken hairs from skin/head.	Personal contact with infected humans or animals, skin to skin contact or with contaminated articles.	As long as lesions/infection is active. Some lesions may not be seen with the human eye.	If on Rx, may return; otherwise exclude unless lesions are coverable.	Wash all items used by infected child, cover lesions, proper hand washing; notify parents.
Fifth Disease 4-20 days 4-14 days; up to 21 days	Mild or no fever, "slapped cheek" rash spreading throughout body, lacy rash on arms on legs; rash may recur with sunlight, warm bath or exercise.	Sneezing & coughing on others, contact with mucus or saliva, contaminated articles.	Prior to onset of rash; not communicable after onset of rash. During the week prior to the rash appearance.	None.	Wash hands frequently; sanitize all articles used by children. Pregnant women should tell health care provider if they have been in contact with an infected person.
Meningitis Bacterial: 1-10 days (usually less than 4 days) Viral: Varies	Fever, headache, vomiting, chills, neck pain or stiffness, muscle spasm, irritability.	Sneezing & coughing on others, contact with mucus or saliva, contaminated articles, or fecal-oral route depending upon organism involved.	Bacterial-Noncommunicable 24 hrs. after starting antibiotic Rx. Viral-Prolonged period.	Exclude, return with Dr.'s permission after treatment.	Notify parents and local health department. Clean and sanitize all articles; proper hand washing.
Hepatitis A 15-50 days. Average 25-30 days	Upset stomach, tired, dark colored urine, light colored stool, yellowish skin & eyes, fever, jaundice (often jaundice not present in children under 5 years), abdominal pain and diarrhea.	Fecal-oral route, through contaminated articles, food/beverages & hands.	Two weeks prior to jaundice until 1 week after jaundice (yellow) appears. If no jaundice one week prior until 2 weeks after symptoms.	Exclude for 2 weeks or until 1 week after jaundice.	Proper hand washing; sanitize all contaminated articles & equipment; notify parents and local health department. (Immune Globulin for the staff and child contacts should be considered).
Hand, Foot & Mouth (Coxsackie Virus) Up to 6 days, usually 3-6 days.	Small blisters with reddened base primarily on hands, feet, mouth, tongue, buttocks or throat- sore throat.	Direct contact with nose & throat secretions and with feces.	During acute stage of illness (virus may stay in stools for several weeks).	Self-limited, exclude during acute symptoms (serious in young infants). Lesions should not be weeping.	Proper hand washing, don't share cups, glasses, etc., sanitize all contaminated articles, boil eating utensils for 20 minutes.
Roseola 5-15 days	High sudden fever, runny nose, irritability, followed by rash on trunk.	To susceptible person with direct contact, (children under 4 may be susceptible, usually seen in children under 2).	Uncertain.	Exclude until fever down for 24 hrs.	Notify parents, proper hand washing.
RSV (Respiratory Syncytial Virus) 1-10 days	Fever, runny nose, cough, and sometimes wheezing.	Virus spread from resp. secretion (sneezing, coughing) through close contact with infected persons or contaminated surfaces or objects.	Just prior to symptoms and when febrile.	Exclude until child has no fever and can tolerate normal activities.	Frequent and proper hand washing, sanitize all contaminated articles. Do not share items such as cups, glasses and utensils. Proper disposal of tissue when used for nasal and respiratory secretions.

WEB SITES

To access information on Child Care Facilities:

www.childcarefinder.in.gov

Inside Child Care Magazine online:

www.in.gov/fssa/children/bcd/index.html

FORMS FOR CHILD CARE PROGRAMS:

Health Care Program – 45877

Health Care Program Supplement Infants/Toddlers – 45878

Nutrition Program – 46684

Nutrition Program Supplement Infants/Toddlers – 46682

www.in.gov/fssa/forms/dfcforms.html

Indiana's Early Childhood Event Calendar:

www.earlychildhoodmeetingplace.indiana.edu

Indiana's Five Star Program:

www.in.gov/idem/kids/5star

IMPORTANT TELEPHONE NUMBERS

Parent Helpline

1-888-463-5473

State Child Care Information

1-877-511-1144

Institutional Abuse Hotline

1-800-562-2407

National Poison Control

1-800-222-1222

UPCOMING EVENTS

NEW APPLICANT TRAINING:

(for proposed child care centers, registered ministries, group homes and child care institutions)

December 3, 2003.

Indiana Government Center South – Training center, Room W141. 1-877-511-1144.

FOODBORNE ILLNESS PREVENTION TRAINING:

(child care centers and child care institutions)

January 15, April 22, 2004

Indiana Government Center South – Conference Center Auditorium – 1st Floor

Indianapolis, IN 317-232-4435 Fax: 317-234-1513

EFFECTIVE OCTOBER 2003

CPR, First Aid and Universal Precautions Training is available at NO COST.

Contact PROTRAIN at 888-532-4224

Family and Social Services Administration
402 W. Washington
Indianapolis, Indiana 46204

www.childcarefinder.in.gov

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